

Case Number:	CM15-0117258		
Date Assigned:	06/25/2015	Date of Injury:	09/17/2009
Decision Date:	09/02/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/17/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: North Carolina
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 54 year old male who sustained an industrial injury on 9-17-09. The mechanism of injury was a motor vehicle accident with subsequent loss of consciousness. In an operative report dated 5-6-15, the physician notes the post-operative diagnoses as C6-7 and C7-T1 disc herniations, bilateral foraminal stenosis and nerve compression at C6-7 and C7-T1, severe mechanical axial neck pain and arm radiculopathies, and failure of cervical care. In a secondary treating physician's interim neurosurgical evaluation dated 5-21-15, the physician notes a diagnosis of status post C6-T1 anterior cervical discectomy fusion-(5-6-16). He has mild neck pain with some numbness over the incision and over the arm. The requested treatment is a cold therapy unit for 6 weeks rental and spinal bone stimulator purchase.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Cold therapy unit x 6 weeks rental: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) cryotherapy.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ACOEM does recommend the at home local application of cold packs the first few days after injury and thereafter the application of heat packs. The Official Disability Guidelines section on cryotherapy states: Recommended as an option after surgery but not for nonsurgical treatment. The request is for post surgical use, but the ODG places a finite period of time (7 days) that is recommended for use after surgery. The request is in excess of this period and therefore not medically necessary.

Spinal bone stimulator purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Bone Growth Stimulators (BGS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) bone stimulator.

Decision rationale: The ACOEM, and the California MTUS do not specifically address the requested service as prescribed. The ODG states there is conflicting evidence on the efficacy of bone stimulators. Most evidence supports their use in helping fusion rate of spinal fusion surgery in high risk cases. The provided medical records do not place the patient in high risk category and therefore the request is not medically necessary.